Superior Court of California, County of Ventura Public Assistance Fee Waiver Coversheet

What government assistance are you receiving? (Pick all that apply)

SST (Supplemental Security Tocome) and SSP (Supplemental

	Payments Program
	CalWORKs/TANF
	Food Stamps
	County Relief, General Relief (G.R.) or General Assistance (G.A.)
	your name and address? e:
	ddress:
	State:
Zip Code	:
-	e Number:
Yes No What is address?	your job title, the name of your employer, and your employer's
Are you Yes No	married?
Does you employed Yes No	ur spouse have a job? (Answer YES, if your spouse is self-
	your spouse's job title, the name of their employer, and the 's address?

Do you h Yes No	nave a Medi-Cal number?
What is	your Medi-Cal number?
What is	your date of birth?
What is	your social security number?
Are you Yes No	going to file for your fee waiver today?

— THIS FORM MUST BE KEPT CONFIDEN	ITIAL — 982(a)(17)
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR	CASE NUMBER:
WAIVER OF COURT FEES AND COSTS I request a court order so that I do not have to pay court fees and costs.	
1. a. I am <i>not</i> able to pay any of the court fees and costs.	
b. I am able to pay only the following court fees and costs (specify):	
2. My current street or mailing address is (if applicable, include city or town, apartment no.,	if any, and zip code):
3. a. My occupation, employer, and employer's address are (specify):	
b. My spouse's occupation, employer, and employer's address are (specify):	
4. I am receiving financial assistance under one or more of the following programs:	
 a. SSI and SSP: Supplemental Security Income and State Supplemental Page b. CalWORKs: California Work Opportunity and Responsibility to Kids Act, in 	•
for Needy Families (formerly AFDC)	inplementing TAW, Temporary Assistance
c. Food Stamps: The Food Stamp Program d. County Relief, General Relief (G.R.), or General Assistance (G.A.)	
 f you checked box 4, you must check and complete one of the three boxes below, unl detainer action. Do not check more than one box. 	ess you are a defendant in an unlawful
a. (Optional) My Medi-Cal number is (specify):	
b. (Optional) My social security number is (specify):	
and my date of birth is (spe	• •
[Federal law does not require that you give your social security number, you must check box c and attach documents c.	to verify the benefits checked in item 4.]
[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees a office, for a list of acceptable documents.]	and Costs, available from the clerk's
[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]	nformation Shoot on Walvar of Court Food
 My total gross monthly household income is less than the amount shown on the I and Costs available from the clerk's office. 	niormation Sneet on waiver of Court Fees
[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the ba of this side.]	ack of this form, and sign at the bottom
7. My income is not enough to pay for the common necessaries of life for me and th also pay court fees and costs. [If you check this box, you must complete the bath also pay court fees and costs.	
WARNING: You must immediately tell the court if you become able to pay court fees be ordered to appear in court and answer questions about your ability to pay court for	or costs during this action. You may ees or costs.
I declare under penalty of perjury under the laws of the State of California that the informatio attachments are true and correct.	n on both sides of this form and all
Date:	
(TYPE OR PRINT NAME) (Financial information on reverse)	(SIGNATURE)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
	NFORMATION
	u 10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
9. MY MONTHLY INCOME	Property FMV Loan Balance
a. My gross monthly pay is: \$	(1)
b. My payroll deductions are (specify	(2) <u> </u>
purpose and amount):	d. Real estate (list address, estimated fair market value
· · ·	(FMV), and loan balance of each property):
(1) <u> </u>	Property FMV Loan Balance
(3)	- • •
(3) \$ (4) \$	(1) \$ \$ (2) \$ \$
My TOTAL payroll deduction amount is: \$	(3) \$ \$ \$
c. My monthly take-home pay is	e. Other personal property — jewelry, furniture, furs, stocks,
(a. minus b.): \$	bonds, etc. (list separately):
d. Other money I get each month is (specify source and	, , , , , , , , , , , , , , , , , , ,
amount ; include spousal support, child support, paren-	\$
tal support, support from outside the home, scholar-	11. My monthly expenses not already listed in item 9b above
ships, retirement or pensions, social security, disability,	are the following:
unemployment, military basic allowance for quarters	a. Rent or house payment & maintenance \$
(BAQ), veterans payments, dividends, interest or royalty,	
trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net	-
gambling or lottery winnings):	d Clathing
	e. Laundry and cleaning
(1)	
(3)	
(4) \$	
The TOTAL amount of other money is:	i. Child, spousal support (prior marriage)
(If more space is needed, attach page	j. Transportation and auto expenses
labeled Attachment 9d.)	(insurance, gas, repair)\$
e. MY TOTAL MONTHLY INCOME IS	k. Installment payments (specify purpose and amount):
(c. plus d.):	(1)
f. Number of persons living in my home:	(1)
Below list all the persons living in your home, including	(3)
your spouse, who depend in whole or in part on you for	The TOTAL amount of monthly
support, or on whom you depend in whole or in part for	installment payments is: \$
support:	I. Amounts deducted due to wage assign-
Gross Monthly Name Age Relationship Income	ments and earnings withholding orders: \$
(1) \$	m. Other expenses (specify):
(2) \$	(1)
(3) \$	(2) \$
(4) \$	(3) \$
(4) \$ (5) \$ \$	(4) \$
The TOTAL amount of other money is: \$	(5) \$
(If more space is needed, attach page	The TOTAL amount of other monthly
labeled Attachment 9f.)	expenses is:\$
g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS	n. MY TOTAL MONTHLY EXPENSES ARE
(a. plus d. plus f.):	(add a. through m.): \$
10. I own or have an interest in the following property:	12. Other facts that support this application are <i>(describe un-</i>
a. Cash\$	usual medical needs, expenses for recent family emergen-
b. Checking, savings, and credit union accounts (list banks):	cies, or other unusual circumstances or expenses to help the
	court understand your budget; if more space is needed,
(1)	attach page labeled Attachment 12):
(3) \$	

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

(4)

	302(d)(10)
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
_	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	
	CAOE NUMBER:
DEFENDANT/ RESPONDENT:	CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	
	vas issued on (date):
2. The application was filed by (name):	(a amountate them. A.L. L.)
	(complete item 4 below).
a. No payments. Payment of all the fees and costs listed in California Rules	
b. The applicant shall pay all the fees and costs listed in California Rules of	-
(1)	nd marshal fees.
	's fees* (valid for 60 days).
	ne appearance (Gov. Code, § 68070.1(c))
	pecify code section):
(5 Court-appointed interpreter.	0 00 00047 00040 170405
Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov.	
c. Method of payment . The applicant shall pay all the fees and costs when charge	
	per month or more until the balance is paid.
d. The clerk of the court, county financial officer, or appropriate county officer is aut	
before and be examined by the court no sooner than four months from the date of	
four-month period The applicant is ordered to appear in this court as follown Date: Time: Dept.:	Div.: Room:
e The clerk is directed to mail a copy of this order only to the applicant's atte	
 All unpaid fees and costs shall be deemed to be taxable costs if the applic lien on any judgment recovered by the applicant and shall be paid directly 	
upon such recovery.	to the element by the judgment debie.
4. IT IS ORDERED that the application is denied in whole in part for the	ne following reasons (see Cal. Rules
of Court, rule 985):	to tollowing roudone (ode call riales
a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6	6)(B); form 982(a)(17)(A)).
b. Other (Complete line 4b on page 2).	
c. The applicant shall pay any fees and costs due in this action within 10 days from	the date of service of this order or any
paper filed by the applicant with the clerk will be of no effect.	
d. The clerk is directed to mail a copy of this order to all parties who have appeared	d in this action.
5. IT IS ORDERED that a hearing be held.	
a. The substantial evidentiary conflict to be resolved by the hearing is (specify):	
b. The applicant should appear in this court at the following hearing to help resolve	the conflict:
Date: Time: Dept.:	Div.: Room:
c. The address of the court is (specify):	
Same as above	
d. The clerk is directed to mail a copy of this order only to the applicant's attorney of	or to the applicant if not represented.
NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing the order or deny the application without considering information the applicant wants	ng, the court may revoke or change
WARNING: The applicant must immediately tell the court if he or she becomes able t action. The applicant may be ordered to appear in court and answer questions about	o pay court fees or costs during this
Date:	11 113 113 113 113 113 113 113 113
Clerk, by	. Deputy

JUDICIAL OFFICER

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PLAINTIFF/PETITIONI	ER (Name):		CASE NUMBER:	
DEFENDANT/RESPONDE	NT <i>(Name):</i>			
4b Application is d	enied in whole or in part (speci	ify reasons):		
	F (-)	,		
	CLERK'S	CERTIFICATE OF MAILING		
I certity that I am not a party envelope addressed as sho	to this cause and that a true c wn below, and that the mailing	copy of the foregoing was mailed fir of the foregoing and execution of t	st class, postage prepaid, in a seal his certificate occurred at	ed
(place):	,	5 0	, California,	
on (date):				
		Clerk, by		, Deputy
		1 1		ı
		1 1		ı
(SEAL)]			
		CLERK'S CERTIFIC	CATE	
	I certify that the f	foregoing is a true and correct copy	y of the original on file in my office.	
	Date:	Clerk, by		Deputy
		, ,	,	, = 0,000,
	J			

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS

(California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

- 1. You are receiving **financial assistance** under one or more of the following programs:
 - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action <i>or</i> Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR -

2. Your total gross monthly household income is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,626.04
7	2,957.29
8	3,288.54
Each additional	331.25

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.